

New Jersey Division of Parks and Forestry
RINGWOOD STATE PARK
1304 Sloatsburg Road
Ringwood, NJ 07456
Phone: 973-962-7031
Fax: 973-962-2247

BRUSHWOOD ACCESS PERMIT

Please complete the following application and return it to the Ringwood State Park office for approval. If you have any questions pertaining to the application, please contact our office for assistance. Permits are valid one year from the date of issuance. You MUST REAPPLY every year for this permit and show valid documentation for your vehicle.

Permittee is granted motor vehicle access to the Brushwood Section of Ringwood State Park for the specific use of hunting, fishing, or NJRCC related activities and these uses only. Permit is subject to the terms and conditions outlined in attached pages. Permit **DOES NOT** waive parking/entrance fees.

1. Name: _____
2. Street Address: _____
(City, State, Zip)
3. Phone: _____ Email/Fax: _____
4. Contact person in case of emergency: _____
5. Phone number to reach contact person: _____
6. Vehicle Make _____ Model _____ Color _____ Year _____
7. License Plate # _____ State _____

For what type of activity are you applying for access to Brushwood? (Circle one)

Hunting **Fishing** **Handicap** **NJRCC**

Are you familiar with the Brushwood Area? **Yes** **Somewhat** **No**

The applicant by his or her signature certifies that: 1. All information given on this application is correct. Giving false information may result in denial or revocation of a permit. 2. All rules and regulations governing the use of Ringwood State Park are understood and will be fully complied with by the applicant.

Signature of Applicant: X _____ Date: _____

For Office Use Only:

Licenses/Membership:

- ☐ Valid Hunting License (attach copy)
- ☐ Valid Fishing License (attach copy)
- ☐ Trout Stamp
- ☐ Valid NJRCC Membership Card (attach copy)

Vehicle Documentation:

- ☐ Valid Vehicle Registration: Expiration Date: _____ (attach copy)
- ☐ Valid Vehicle Insurance Card: Expiration Date: _____ (attach copy)
- ☐ Valid _____ Driver's License: Expiration Date: _____ (attach copy)
(state)

Approved By: _____ Date: _____

Date Permit Issued: _____ Method: In-Person Mailed Faxed

Permit Valid from: _____ TO _____